

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-017856

XC-2088 32-56-1  
 Reg. A-1226  
 FILED VS APR 22 1960 317 Primary Registration District No. 500 Registrar's No. 1160 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JEFFERSON</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>JEFFERSON BARRACKS, MO.</b>		Length of stay in 1b <b>38 DAYS</b>		c. CITY OR TOWN <b>IMPERIAL</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSP.</b>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>ROUTE 1, BOX 178</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>NEAL</b> Middle <b>W.</b> Last <b>BREWER, JR.</b>				4. DATE OF DEATH Month <b>APRIL</b> Day <b>7</b> Year <b>1960</b>					
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>7-16-28</b>	9. AGE (last birthday) <b>31</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>BRICK LAYER</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>CONSTRUCTION</b>		11. BIRTHPLACE (City and state or country) <b>AUSTELL, GEORGIA</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>		
13a. FATHER'S NAME <b>NEAL BREWER</b>			13b. MOTHER'S MAIDEN NAME <b>JUANITA WALLACE</b>			14. NAME OF HUSBAND OR WIFE <b>HAZEL BREWER</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES KOREAN</b>			16. SOCIAL SECURITY NO. <b>UNKNOWN</b>		17. INFORMANT Address <b>NEAL BREWER, SR., RT. 1, BOX 178, IMPERIAL, MO.</b>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>HODGKINS DISEASE</b>							INTERVAL BETWEEN ONSET AND DEATH <b>UNDET.</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <b>2-29-60</b> to <b>4-7-60</b> and <del>was</del> Death occurred at <b>12:50 PM</b> m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>W. Oppler</i> (Degree or title) <b>W. OPPLER, M. D., DIRECTOR, PROFESSIONAL SERVICES VA HOSP., JEFF. BRKS., MO.</b>				22b. ADDRESS			22c. DATE SIGNED <b>4-7-60</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		23b. DATE <b>4-8-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>AUSTELL GA.</b>		23d. LOCATION (City, town, or county) <b>AUSTELL GA.</b>				
24. FUNERAL DIRECTOR <b>EDWARD FENDLER 561150 GRAND</b>				25. DATE RECD. BY LOCAL REG. <b>APR 8 1960</b>		26. REGISTRAR'S SIGNATURE <i>John B. Maffley</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*J. A. Humphrey*

Licensed Embalmer No. 4772

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.